PART B -FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must 00050 have its own certificate of mailing or transmission. LAHIVE & COCKFIELD, LLP Certificate of Mailing or Transmission One Post Office Square I hereby certify that this Fee(s) Transmittal is being deposited with the United Boston, Massachusetts 02109-2127 States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name (Signature Mate APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/019,067 HLZ-001USRCE 06/28/2002 Mats PAULSSON 7795 TITLE OF INVENTION: DIAGNOSIS OF GLUTEN SENSITIVE ENTEROPATHY AND OTHER AUTOIMMUNOPATHIES SMALL ENTITY APPLN, TYPE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional \$1,061.00 03/29/2010 \$755.00 \$300.00 ves EXAMINER ART UNIT CLASS-SUBCLASS 1641 G W Counts 1. Change of correspondence address or indication of "Fee For printing on the patent front page, list Address" (37 CFR 1.363). (1) the names of up to 3 registered patent Lahive & Cockfield, LLP Change of correspondence address (or Change of attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. Jane E. Remillard, Esq. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. up to 2 registered patent attorneys or agents. If no Jill Gorny Sloper, Esq. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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A check in the amount of the fee(s) is enclosed.			
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X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to			
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature	/Jill Gorny Sloper, Esq/	Date	March 26, 2010
Typed or printed name	Jill Gorny Sloper, Esq.	Registration No.	60,760